

Agency Report of: Public Official Appointments

A Public Document

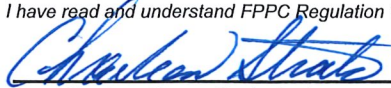
1. Agency Name Town of Loomis			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable) Loomis Town Council			
Designated Agency Contact (Name, Title) Charleen Strock, Town Clerk			
Area Code/Phone Number 916-824-1509	E-mail cstrock@loomis.ca.gov	Page <u>1</u> of <u>1</u>	Date Posted: 12/17/18 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Placer County Air Pollution Control District	▶ Name <u>Duncan, Jeff</u> <small>(Last, First)</small> Alternate, if any <u>Onderko, Tim</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> ▶ <u>One Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Placer County Flood Control/Water Conservation District	▶ Name <u>Morillas, Rhonda</u> <small>(Last, First)</small> Alternate, if any <u>Clark-Crets, Jan</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> ▶ <u>One Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Placer County Transportation Planning Agency	▶ Name <u>Baker, Brian</u> <small>(Last, First)</small> Alternate, if any <u>Clark-Crets, Jan</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> ▶ <u>No Term</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
Sacramento Area Council of Governments	▶ Name <u>Onderko, Tim</u> <small>(Last, First)</small> Alternate, if any <u>Clark-Crets, Jan</u> <small>(Last, First)</small>	▶ <u>12 / 11 / 18</u> <small>Appt Date</small> ▶ <u>One Year</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.


Signature of Agency Head or Designee

Charleen Strock

Print Name

Town Clerk

Title

12/17/18

(Month, Day, Year)

Comment: _____